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End-of-Life in High-Security Prisons in Switzerland: Overlapping and Blurring of "Care" and "Custody" as Institutional Logics

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Abstract
Similar to other institutions, the Swiss prison system faces a growing number of elderly prisoners, trends toward securitization, and, in consequence, more prisoners who will spend the end-of-life (EOL) period of time in prison. By law, prisoners should have the same access to care as the rest of the population. However, custody makes meeting the demands of medical and palliative care difficult. This paper focuses on the organizational challenges related to EOL care. Based on ethnographic and documentary research, it examines the institutional logic of the prison and at the competing "new" logic emerging with EOL care. It illustrates the ambivalences within these logics and the blurred distinction between "care" and "custody," and evaluates how prison staff interpret this overlap and at effects in shaping everyday practices.

Keywords
prison, end-of-life, institutional logics, Switzerland

Introduction

> The manager of the section for elderly prisoners told me that he had created a living will for "his" prisoners. This would allow the prison staff to organize, evaluate and coordinate their activities in dealing with end-of-life by respecting the will of the prisoner concerned. Apparently, the prison management very much appreciated his initiative, but wanted him to remove the logo of the prison establishment, which the officer included in the headline of the form.
> (Quote from field notes, 2.5.2013)

This excerpt from the research diary clearly indicates that ongoing discussions about "good dying" and palliative care, which are strongly linked to the idea of self-determination, do not stop at the prison gate (Cohen, Bilsen, Fischer, Löfmark, Norup, van der Heide, Miccinesi & Deliens, 2007; Göckenjan & Dresske, 2005; Hahn & Hoffmann, 2008; Streckeisen, 2001). The remark concerning the logo of the prison establishment simultaneously reveals that, for the prison management, the idea of prisoners dying in incarceration evokes unease.

Dying and death are no new phenomena in the context of the prison. However, in the past they used to be mostly the result of suicide, accident, or crime. Today, as in most Western countries, in Switzerland the number of people who are aging in prison is increasing, as are the number of natural deaths occurring in prison (Aday, 2003; Crawley & Sparks, 2013; Görgen & Greve, 2005; Schneeberger Georgescu, 2006, 2009). At least three conditions contribute to this development: (1) aging in society at large also affects the prison population and results in a growing number of older inmates; (2) in conjunction with and parallel to the general aging process, people increasingly offend at a later stage in life; (3) in Switzerland, as in most Western countries, increasing demands for security and public pressure over the past decades translate into a more punitive and hardline approach to crime. This "punitive turn" in criminal policy also entails an increase in investments in security, repression, control and even fostered an attitude of zero tolerance in treating delinquents (Queloz, Luginbühl, Senn & Magri, 2011).[1] As a consequence, in Switzerland the number of people serving longer sentences or who are sentenced to "indefinite incarceration" (Art. 64, Swiss Criminal Code [SCC]; these inmates are kept in prison because of security reasons after finishing their regular sentence) or "in-patient therapeutic measures" (Art. 59, SCC; these patients are subjected to therapeutic measures, which extend over the duration of the sentence and are renewable every five years, which potentially can also lead to indefinite incarceration) for an undetermined duration has increased considerably and continues to grow (Queloz, 2013).

The increase of elderly prisoners with special needs, particularly in terms of care, challenges the "institutional logics" (Thornton & Ocasio, 2008) of the prison. The institutional goals of the prison have, so far, been punishment and rehabilitation. With the increase of elderly prisoners and prisoners in undetermined detention who will most probably spend EOL in custody and eventually die within the prison walls, the principle of rehabilitation becomes obsolete. Moreover, the highly restrictive environment of incarceration and punishment inhibits, to a large degree, adequate long-term geriatric and EOL care (Dubler, 1998; Handtke, Bretschneider, Wangmo & Elger, 2012). Under these conditions, compassionate care for terminally ill prisoners turns into an oxymoron (Granse, 2003). Also, dying inmates often doubt that the "system" has done enough for them (Dubler & Heyman, 1998).

The number of persons who die a natural death in Swiss prisons is still small but increasing.[2] So far, no clear policy or systematic practice has resulted from these experiences, not on the organizational level of the prison and less for the prison system as a whole. Existing practices related to EOL in prisons in Switzerland can be characterized, in Victor Turner's sense (1969), by a condition of "liminality"; they are currently in a period of transition where current practices are questioned and new practices are tested, discussed and eventually institutionalized. The prison system's search for new and regularized ways of dealing with EOL might be seen as confused or even contradictory. At the same time, it provides an ideal field of research, as discussions lie open in everyday negotiations and practices and can, therefore, be apprehended and analyzed.

Based on empirical data collected with qualitative research techniques, the aim of this paper is to investigate how the prison system deals with challenges related to elderly and dying prisoners. In

[1] The murder of a young woman in 1993 by a convict sentenced to life imprisonment, who was on prison leave, marked the shift towards a more punitive approach to crime in Switzerland (Garin, 2012; Young, 2015). This incident led to the establishment of several expert committees (*Fachkommissionen zur Beurteilung der Gemeingefährlichkeit von Straftätern*) that consist of representatives of the correctional service, the enforcement authority and psychiatry. This commission is mandated to evaluate, in collaboration with forensic psychiatrists, the degree of dangerousness and the level of risk an offender poses to the public (Schneeberger Georgescu, 2009).

[2] While between 2003 and 2009 the number of natural deaths and suicides were equally at around 5 to 13 every year, in 2012 the number of people who died a natural death in prison increased to 20 (Swiss Federal Statistical Office [SFSO], Statistic on prisons and prison population, 25.11.2014).

contrast to studies referring to a "collision" of custody and care considered as mutually exclusive logics (Dubler, 1998; Turner, Payne & Barbarachild, 2011), we argue that care is not a completely "new" logic in the prison system, but is already inscribed in the logic of rehabilitation. However, along with EOL, it conflicts with the existing logic of the (curative- and prevention-oriented) medical and psychosocial care designed for young prisoners. We seek to answer the following questions: (1) what are the institutional logics of the prison system and how are these logics challenged by the logic of long-term geriatric and EOL care? (2) How do these institutional logics shape everyday practices of prison officers and how do they also question, resist and transform them in their daily work activities regarding elderly and dying prisoners?

Methodological and analytical approach

This article draws on ethnographic data from two high-security men's prisons in Switzerland: the JVA Lenzburg and the JVA Pöschwies. The data were collected in the context of a study on EOL in Swiss prisons (Hostettler, Richter & Queloz, 2012).[3] Drawing on ethnographic methods (DeWalt & DeWalt, 2002) and legal analyses, we examined EOL issues from the perspective of different actors and at different institutional levels in the Swiss penitentiary system. Observations were made over the course of two four-week fieldwork periods in 2013 and a large number of day trips between 2013 and 2014 in the separate units for ill and elderly prisoners. Moreover, in-depth interviews were carried out with 22 prisoners, 28 prison officers, 8 prison hospital employees, 3 representatives of the prison authorities, and 1 instructor for prison chaplains. Finally, based on the analysis of files from prisoners who died in recent years, we were able to reconstruct 15 EOL-cases.

In order to analyze in detail how the prison system deals with EOL issues, we apply the institutional logics perspective by Thornton and Ocasio (1999, 2008). This allows us to look at actors, the law or special prison units without losing sight of the working of the complex prison system as a whole. Following Thornton and Ocasio (1999, p. 804) we understand institutional logics as "the socially constructed, historical patterns of material practices, assumptions, values, beliefs, and rules by which individuals produce and reproduce their material subsistence, organize time and space, and provide meaning to their social reality".

The institutional logics perspective is based on five principles (Thornton & Ocasio, 2008): (1) "embedded agency", which is seen as "interests, identities, values, and assumptions of individuals and organizations are embedded within prevailing institutional logics" (p. 103); (2) "society as an inter-institutional system" (p. 104-105), meaning that if society is theorized as a system of various institutions, then heterogeneity and independent actions are possible along the conflicting institutional logics. When applied to the prison, these two principles mean that visions and actions of the prison organization and its members are shaped by a multitude of logics from different organizational fields with different rationalities, for example, the law, social work, education, health care; (3) "the material and cultural foundations of institutions" (p. 105-106). The contemporary prison system in Switzerland (as elsewhere) is strongly influenced by the paradigm of New Public Management (Koller, 2008). This mode of governance is oriented toward output rather than outcome and influences prison managers, staff and prisoners alike (Crewe, 2009, p. 17-19); (4) "institutions at multiple levels" (Thornton

[3] The project *End-of-life in prison: legal context, institutions and actors* (1.9.2012-30.4.2016) is funded by the Swiss National Science Foundation in the context of the National Research Program 67 *End of Life.* The aim is to analyse the legal and institutional bases and current practice in dealing with the EOL and dying in high-security prisons (see http://www.p3.snf.ch/Project-139296).

& Ocasio, 2008, p. 106-108), meaning that the institutional logics perspective can be applied to the level of society, but also to the level of individual organizations; and, finally, (5) "historical contingency" (p. 108-109) with the key point here that the influence of dominant institutions shifts over time. Regarding the prison system, the principles of rehabilitation and social inclusion are currently challenged by the punitive turn related to the logics of risk-management, security and control (Queloz, Luginbühl, Senn & Magri, 2011).

With prisoners in need for long-term geriatric and EOL care, logics from different organizational fields that were previously distinct and often contradicting are forced into association. This approach results in a "structural overlap" (Thornton & Ocasio, 2008, p. 116) that provokes conflict over interpretations, behavior, responsibilities and meaning. However, it also provides opportunities for actors to provoke change in institutional logics that guide the organization by contesting, negotiating and subverting existing organizing principles and logics of action. Such agents of change or "institutional entrepreneurs" might be operating both from outside and within an organization (Thornton & Ocasio 2008, p. 115-116). The emergence of institutional change due to an overlapping of structures can especially be initiated by a process of "event sequencing" that is "the temporal and sequential unfolding of unique events that dislocate, rearticulate, and transform the interpretation and meaning of cultural symbols and social and economic structures" (p. 116; making explicit reference to Sewell [1996]).

Multiple institutional logics in the prison

This section provides, first, a closer look at the multiple institutional logics inherent in the prison system (inter-institutional dimension). Second, it outlines organizational challenges that emerge with the prisoners in need of long-term geriatric and EOL care (intra-institutional dimension).

Inter-institutional dimension: between punishment and rehabilitation

The custody logic of the contemporary prison system is profoundly contradictory in the sense that prisons are subject to conflicting goals: punishment and rehabilitation (Paterson, 1951). The logic of punishment is expressed in the principle of deprivation of a person's liberty for a certain period of time (Goffman, 1961). It also includes the principle of security, since the prison has to protect the public from dangerous offenders and, at the same time, guarantee safety for both inmates and staff. Expressions of punishment and security are the steel doors and monitoring systems; the rigid daily schedule and the limited possibilities for leisure activities (Coyle, 2005).

Rehabilitation is strongly linked to the principle of "normalization". In Switzerland, the Criminal Code states that "[t]he execution of sentences must encourage an improvement in the social behaviour of the prison inmates and in particular their ability to live their lives without offending again. The conditions under which sentences are executed must correspond as far as possible with those of normal life" (Art. 75, para. 1, SCC). Rehabilitation in the context of the prison logic also includes a specific logic of care in the sense of therapy, support, and assistance. We define this curative- and prevention-oriented medical and psychosocial care as "penitentiary care". It is provided by social workers, psychologists, medical doctors, health professionals, teachers and chaplains, but also by prison officers. Referring to care and support in general and to medical care in particular, the Swiss Academy of Medical Sciences (SAMS) reports, in line with the recommendations from the United Nations and the Council of Europe, that the quality of health care available to prisoners should be equivalent to that of any other person living in the community (SAMS, 2013). However, the autonomy enjoyed by the

26 cantons leads to diverse prison systems and different prison health services. Moreover, the particular context of the prison environment creates unique barriers and complicates the provision of equivalent health care (Handtke, Bretschneider, Wangmo & Elger, 2012; Sprumont, Schaffter, Hostettler, Richter & Perrenoud, 2009). The following section shows how the increase of elderly and dying prisoners in need of long-term geriatric and EOL care ("palliative care") further challenges the prison logic of care ("penitentiary care").

Intra-institutional dimension: From cure to EOL care

Historically, the target group of the prison includes younger and able-bodied individuals, mostly male, who continue to be the majority of the incarcerated population. Almost everything is designed for younger people: the architecture and infrastructure, daily schedule and routines, prison clothing, and health care.

With elderly and dying prisoners, a "new" institutional logic enters the prison: care in the sense of intensified (long-term geriatric) daily support and palliative care (Dubler, 1998; Turner, Payne & Barbarachild, 2011) that conflicts with the existing logic of the (curative- and prevention-oriented) medical and psychosocial care designed for younger prisoners and further challenges the established relationship between custody and penitentiary care.

Already in 2007, the largest high-security prison in Switzerland, Pöschwies, stated in the annual report that one of the prison's most pressing challenges is the phenomenon of aging of the prison population and that elderly prisoners are in need of intensified and time-consuming daily support. Some of them are unable to work and have difficulties following the daily routine (cell cleaning, personal hygiene, etc.), require special diets, and are no longer able to visit the gym.[4] Moreover, elderly, mostly polymorbid inmates are often in need of intensive daily medical and nursing care (Fazel, Hope, O'Donnell, Piper & Jacoby, 2001). Ensuring these (new) kinds of care and support poses high demands on correctional staff, who must engage in nursing tasks on an increasingly frequent basis. This, in turn, requires physical contact and emotional sensibilities, which contradict established rules and practices regarding the interaction of staff with prisoners (no physical contact and a professional distance).

If inmates die of natural causes in prison, it is usually due to a sudden event (e.g., during a stroke). But dying is often a process that begins long before actual death. This process not only implies greater flexibility and modification of daily routines, but also an intensification of medical care. The logic of palliative care at the EOL includes a kind of care that enters the prison in a completely different mode. Palliative care consists of holistic and continuous medical, psychological, social and spiritual care for a patient over a longer period of time. According to Ratcliff (2000), it is possible to provide quality EOL behind bars, but this must include general care, pain and symptom management, family (and friend) involvement and visitation in order to overcome inmate isolation, positive institutional attitudes toward death and bereavement, the training of staff and interdisciplinary teams, and the involvement of inmates and community volunteers (see also Linder & Meyers, 2007, 2009).

Based on field notes, interviews with prison staff and the analysis of inmate files, the next section provides insights into how members of the prison organization, in their daily work activities, experience and simultaneously arrange the multiple and contradicting institutional logics inscribed in the prison system and how they address the specific challenges that emerge with the need to provide geriatric and EOL care.

[4] http://www.justizvollzug.zh.ch/internet/justiz_inneres/juv/de/ueber_uns/veroeffentlichungen/jahresberichte/_jcr_content/contentPar/publication_0/publicationitems/jahresbericht_2007/download.spooler.download.1377093686505.pdf/Jahresbericht_Strafanstalt_Poeschwies_2007.pdf (2.10.2015).

Institutional logics and daily practice

To define the unit of analysis, we draw in the following on the concept of "event" ("événement" in the French original) (Hertz, 2009), which can roughly be defined as a situation that has an identified importance or relevance for the actors who are concerned. This helps to filter for significant situations during everyday activities from the point of view of prison staff, detached from (researcher's own) predefined assumptions.[5] At the same time, the notion of event allows one to point to potential sources of institutional change. As Thornton and Ocasio (2008) argue, the overlapping of contradicting institutional logics may lead to events that challenge the existing institutional order.

Inter-institutional cases

This section provides insight into how prison officers deal with the contradictions inscribed in the custody logic of the prison. For this, we draw on the example of the implementation of disciplinary measures. As discussed by Isenhardt, Hostettler and Young (2014), it is almost impossible for prison officers to strictly follow the multitude of work-related rules. While there are norms that allow no exception, staff members are granted a range of discretion in the enforcement of other rules. Whether and how they are implemented depend on the individual employee, the practices of their colleagues and the culture of the prison organization (Liebling, 2000; Liebling, Price, & Shefer, 2011). The following events dealing with the use of discretion illuminate not only the contradictory nature of the institutional logics of the prison, but also how the situation provides opportunities for prison staff to challenge and subvert core organizing principles and practices.

Example 1: Punishing with care – Overlapping of two different logics

According to the prison rules, aggressive behavior cannot be tolerated and must be sanctioned. However, whether and how rules are applied also depend on the prison officers' interpretation and evaluation of the event.

> During an informal discussion with one of the prison officers, I was told that the day before, one of the prisoners became verbally abusive and extremely aggressive toward other inmates. According to the prison rules, violation toward other inmates is considered to be a form of disciplinary infringement that has to be sanctioned by locking the prisoner up in his cell and removing his television set and PlayStation. In this specific situation concerning this specific prisoner, the prison officers estimated this kind of sanction as inappropriate. He instead decided to send him to his cell but without locking him in and, in telling him to calm down, tried to switch his thoughts by watching TV or playing the PlayStation. (Quote from field notes, 14.8.2013)

In this example, the prison officer estimated that the strict enforcement of the rule related to the principle of punishment was inappropriate and decided instead to soften the sanction by including care. The prison officer's suggestion to watch TV or play PlayStation is, to some extent, also a subversion of the existing rule, which demands the removal of electronic devices from the cell. This action of the prison officer leads to a temporary structural overlap of contradicting institutional logics of punishment and penitentiary care inscribed in the prison.

[5] Of course, in the strict sense the definition of the event is here a form of co-construction. As authors of this paper, we decided which of the events mentioned by the interviewees we finally included in our argumentation.

Example 2: To care without punishing – To put one logic temporary in the background

In the prison, compulsory medication is allowed in the case of gravely ill and psychotic inmates (Mausbach, 2012). According to the regulation in one of the special units for elderly inmates, it is required that those who refuse to take prescribed psycho-pharmaceuticals must be sanctioned by placing them in solitary confinement for a couple of days. This principle places order and discipline above the inmate's interests and guides prison officers' daily work activities concerning the distribution of prescribed medication to inmates. However, it might in some situations be contested and negotiated as the following extract from an interview with a prison officer shows:

> He [prisoner Ben[6]] opened the capsule in front of me and poured half of its contents into the trash. He said that he was not willing to take them [the psychotropic drugs] anymore, that he has had enough, that he doesn't need them anymore. I tolerated his behavior, even though I have actually been instructed by Hans [the head of the department] that the prisoners have to take psychotropic drugs; if not, we must send them to the "bunker" [solitary confinement]. Here in this unit, we do not argue about psychotropic drugs. But I let Ben go and decided to discuss this incident, not with Hans first, but directly with the psychiatrist, who then examined the prisoner and agreed to stop the medication. (Interview extract, prison officer, 5.11.2013)

This example illustrates a double subversion of organizing principles. First of all, by referring to the psychiatrist and, therefore, making use of interdisciplinarity in general and medical authority in particular, instead of referring to his direct superior, the prison officer subverted the hierarchical order of the prison, which says that internal matters must be treated along official channels. Second, the prison officer ignored and, hence, subverted the rules regarding psychopharmaceuticals. Their handling does not allow any exception. By considering the inmate's personal wish to stop taking the drugs without sanctioning him, the prison officer followed the logic of penitentiary care and temporally muted the logic of punishment.

Intra-institutional cases

This section highlights challenges that accompany the provision of geriatric and EOL care. In Switzerland, at the present, this kind of care is not yet a part of the penitentiary care logic. These new situations create conflicts among the prison staff regarding the interpretation of behaviors, responsibilities and meaning. A special focus is put on (1) how this "liminal" stage (Turner, 1969), at the same time, also provides opportunities for prison staff to discuss and test new practices that eventually may be institutionalized, and (2) on how the prison system as a whole is overstrained when it comes to the EOL of a prisoner, classified and labelled as dangerous and expected of posing an undue risk to society.

Example 3: To provide care with(out) body contact – To create a new practice?

> The health care service informed the manager of the unit for elderly prisoners that one of the elderly prisoners needed eye ointment twice a day. The prison officers wondered who would be in charge of the treatment: staff from the health service or them. For security reasons, physical contact – with the exception of body searches – between prison officers and prisoners is not allowed. During their training, prison officers are instructed to keep a distance from inmates, both emotional and physical. Nevertheless, the prison officers decided to take over this task. (Quote from field notes, 15.5.2013)

[6] All names have been replaced by pseudonyms.

This event shows how the prisoner's need for eye ointment challenged the institutional logic of custody and the principle of security (physical distance between staff and prisoners), as well as the logic of care provided by prison officers (no medical care, no body contact). This situational overlap of contradicting logics provoked conflict over interpretations of behavior and responsibility. Because of a lack of resources (the health service, because of understaffing, was not carrying out this task) the prison officers finally had to arrange themselves with this new situation:

> He [prisoner Ed] had an eye infection … and then the health service told us that he needed eye ointment … we had this discussion about … who is in charge of this: the prison officer or the health service … I mean, we as staff are told to avoid body contact with prisoners, it's simply a "no go" … it does not exist, we have to keep the distance …. But the health service said that, given the fact that there are one hundred and twenty inmates in this prison, it's simply impossible for them to come twice a day to visit the prisoner and … and for me it was completely logical that we do it. But, of course, some team members first said: no, this is a medical case …. Then I went to Ed, told him to lay down on the bed, [then I] put on the gloves, put a bit of ointment on my finger … then I started the treatment and when I was done he said: what? Have you already finished? (Interview extract, manager of the unit for elderly prisoners, 8.10.2013)

When taking over a task requiring body contact, the prison officer used gloves. In doing so, he referred to a practice that is familiar to him. The only time when physical contact between staff and prisoners is allowed is during body searches. The regulation states that body searches are only done with gloves because it is generally assumed that prisoners are suffering from infectious diseases. At the same time, this regulation also introduces a thin latex layer that separates the two bodies and prevents immediate contact. Therefore, even though he was using gloves, by providing care that included body contact, the unit manager challenged the institutionalized care practices that do not allow physical contact with prisoners.

Thus, a structural overlap is also always an opportunity for institutional entrepreneurs to reflect and question existing practices, as well as to test and initiate new ones that can eventually be institutionalized. While the team taking over this kind of a nursing task felt conflicted with the institutionalized role of the prison officer, the manager of the unit for elderly prisoners defined it as "logical" for staff in this special section. With this statement and his behavior, the manager acted as an institutional entrepreneur and laid the foundation for the establishment of new practices and institutions.

Example 4: Care for whom? – Safety first!

When prisoners are dying, not only prison staff but the prison system as a whole is challenged. This is especially the case regarding prisoners who keep carrying the label of being dangerous.

> A terminally ill inmate classified as dangerous for the public had been transferred to the prison hospital, which is a special unit in a public hospital, for some treatment, but was brought back to the prison according to his wish. After another transfer to the prison hospital shortly after, the prison management reported to the authority responsible for the enforcement of sentences that it was impossible to take the inmate back again because of a lack of appropriate infrastructure and medical resources. The prison hospital, functioning as a regular hospital for acute cases, asked the authorities to search for an appropriate placement because of its lack of space and resources for inmates in need of long-term and palliative care. The responsible authority tried to find an appropriate place for the prisoner but failed. The requested nursing homes were not willing to take someone labelled "dangerous"; another prison that was asked

> reported a lack of capacity and resources. In the meantime, the inmate died in the prison hospital, where he spent the last three months of his life and where adequate palliative care in its holistic sense was difficult to provide. (Inmate file analysis)

This event highlights how the prison system, its logics, practices and actions are heavily shaped by current societal demands for security and the way in which the involved authorities and organizations deal with dying inmates labelled "dangerous".

While in some cases terminally ill prisoners can be released at the EOL and die outside prison, this, as the example suggests, is hardly the case for prisoners labelled "dangerous" and categorized as posing an undue risk to society. In this case, the security logic and, more concretely, the principle of protection of the general public stands above all. This means that every decision related to changes regarding the enforcement of custody has to be approved by the authority responsible for the enforcement of a sentence. This is connected to complicated and time-consuming administrative efforts, which are not compatible with demands and needs of a dying prisoner in need of care, since EOL is something that cannot be postponed. Moreover, due to a lack of experience, there are at present no established rules and practices regarding EOL care in prison. There is neither space nor resources for such cases, both regarding intramural care (e.g., palliative care within the prison) and extramural care (e.g., special units in nursing homes).

Conclusion

Through the lens of the institutional logics approach by Thornton and Ocasio (1999, 2008), this paper looked at how the Swiss prison system is challenged by emerging cases of EOL. By using empirical material that has been gathered through ethnographic research, this paper has, on the one hand, demonstrated how the dualistic institutional logic of the prison (punishment/rehabilitation) shapes prison officers' work routine and how they arrange them in their daily work activities. On the other hand, this paper has shed light on how the entering of the logic of long-term geriatric and palliative care provokes a structural overlap of contradicting logics that challenge institutional principles and practices related both to the logics of punishment and rehabilitation. However, the current ("liminal") situation regarding EOL in prison is not only one of confusion and contradiction, but also of creativity. It provides an opportunity for institutional entrepreneurs to test and initiate new practices that can eventually be institutionalized. As Thornton and Ocasio (2008) argue, the emergence of institutional change due to an overlapping of structures can especially be initiated by the temporal and sequential unfolding of unique events that challenge the existing institutional order. As shown in this paper, these events might be the prison officer's taking over of nursing tasks that require body contact with prisoners or the failed attempt to find an adequate place for a dying person in the case of terminally ill, but still dangerous, prisoners. Moreover, taking into account the intra-institutional dimension of the institutional logics of the prison shows that institutional change can also be considered as an extension of the scope of care in prison. The penitentiary care logic can be used as a resource to build on in order to introduce long-term geriatric and palliative care. The often-stated oxymoron between care and custody is, therefore, far more complex. Furthermore, it constructs a contradiction that might hinder the implementation of EOL care in the prison system.

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